

10/579631

AP20 Rec'd PCT/PTO 17 MAY 2006

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	MEASUREMENT SYSTEM AND METHOD FOR USE IN DETERMINING THE PATIENT'S CONDITION
Attorney Docket Number::	ROGERS2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	10
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity

Given Name::	Steven
Middle Name::	R.
Family Name::	ROGERS
Name Suffix::	
City of Residence::	Moshav Beit Gamliel
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	49 Moshav Beit Gamliel, D.N. Emek Sorek
City of Mailing Address::	Moshav Beit Gamliel
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	76880
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Allon
Middle Name::	
Family Name::	LEIBOVITZ
Name Suffix::	
City of Residence::	Shoham
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	17 Emek Ayalon Street
City of Mailing Address::	Shoham
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	73142
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Menashe
Middle Name::	
Family Name::	SHAHAR

Name Suffix::
City of Residence:: Korazim
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: Drom Hagolan
City of Mailing Address:: Korazim
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 12391
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Eliezer
Middle Name::
Family Name:: DESHEN
Name Suffix::
City of Residence:: Moshav Beit Gamliel
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 104 Moshav Beit Gamliel, D.N. Emek
Sorek
City of Mailing Address:: Moshav Beit Gamliel
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 76880
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Yossi
Middle Name::
Family Name:: SHECHTER
Name Suffix::
City of Residence:: Holon

Country of Residence:: Israel
Street of Mailing Address:: 37 Mohaliver Street
City of Mailing Address:: Holon
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 58348

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/IL04/001064	11-18-04
PCT/IL04/001064	Appln claiming benefit of 35 USC 119(e)	60/520,672	11-18-03

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name:: CHAMELEON MEDICAL INNOVATION LTD.
Street of Mailing Address:: 2 Hamelacha St.
City of Mailing Address:: Lod
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 71520